

PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block | for any change of address)

20995

7590

01/02/2007

KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sulficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

•		
Rose M. Thiessen	••	(Depositor's name)
16/		(Signature)
January 17, 2007		(Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. FILING DATE 08/22/2003 James H. Brauker DEXCOM.012A 9709 10/647,065

TITLE OF INVENTION: POROUS MEMBRANES FOR USE WITH IMPLANTABLE DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/02/2007	
EXAM	AINER	ART UNIT	CLASS-SUBCLASS]			
SINGH, SA	TYENDRA K	1657	623-023760				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the p	patent front page, list 3 registered patent attorn	, Knobbe	, Knobbe Martens	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		or agents OR, alternati	vely, ic firm (having as a memb	, Olson &	2 Olson & Bear LLP		
		registered attorney or	agent) and the names of unineys or agents. If no name	p to			

recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DexCom, Inc.

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):	☐ Individual	Corporation or o	other private group entity	Government

- 4a. The following fee(s) are submitted:
- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order # of Copies _
- 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
 - A check is enclosed.
 - Payment by credit card. Form PTO-2038 is attached.
 - The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).
- 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _

January 17, 2007

40,202 Rose M. Thiessen Registration No. Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SFELEKE2 00000028 10647065

Docket No.: DEXCOM.012A January 17, 2007
Page 1 of 1

Please Direct All Correspondence to Customer Number 20995

AN 2 2 2007

ISSUE FEE TRANSMITTAL LETTER

pplicant : Brauker, et al.

App. No : 10/647,065

Filed : August 22, 2003

For : POROUS MEMBRANES FOR USE

WITH IMPLANTABLE DEVICES

Art Unit 1657

Class/Sub-Class : 623-023760

Examiner : Singh, Satyendra K.

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

January 17, 2007

(Date)

Rose M. Thiessen, Reg. No. 40,202

MAIL STOP ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1030 is enclosed for the following fees:
 - (X) \$700 Issue Fee
 - (X) \$300 Publication Fee
 - (X) \$30 Advance Order of 10 Copies
- (X) Return prepaid postcard.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.

Rose M. Thiessen

Registration No. 40,202

Attorney of Record

Customer No. 20,995

(619) 235-8550

3316913:011707:JSJ